

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	SHEET-FORM MEMBRANE SAMPLE PROBE, METHOD AND APPARATUS FOR FLUID CONCENTRATION ANALYSIS																						
Application Number :																							
Date :																							
First Named Applicant:		Aurel D. Brumboiu																					
Attorney Docket Number:		28959-12																					
TOTAL FEE AUTHORIZED \$ 926																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
BASIC FILING FEE																							
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385								
Fee Description	Fee Code	Amount \$	Fee Paid \$																				
Utility Filing Fee	2001	385	385																				
			Subtotal For Basic Filing Fees: \$ 385																				
EXTRA CLAIM FEES																							
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claims</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 61</td><td>41</td><td>2202</td><td>9</td><td>369</td></tr><tr><td>Independent Claims : 7</td><td>4</td><td>2201</td><td>43</td><td>172</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 541</td></tr></tbody></table>				Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$	Total Claims : 61	41	2202	9	369	Independent Claims : 7	4	2201	43	172				Subtotal For Extra Claims Fees: \$ 541	
Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 61	41	2202	9	369																			
Independent Claims : 7	4	2201	43	172																			
			Subtotal For Extra Claims Fees: \$ 541																				
AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Deposit account number:		022057																					
Access Code		****																					
Deposit name:		Bennett Jones LLP																					
Deposit authorized name:		Roseann Caldwell																					
Signature:		RCaldwell																					
Date (YYYYMMDD):		2004-01-22																					
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																							

Adjustment date: 03/24/2004 BHABTEW
01/23/2004 EFSPROD 00000007 022057 10707902
03 FC:2201 172.00 CR

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Self Clearing Grilling Fork																				
Application Number :																					
Date :																					
First Named Applicant:	Dr. Roberto Pedro Barcala																				
Attorney Docket Number:	01141606																				
TOTAL FEE AUTHORIZED \$ 1028																					
Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as large entity																					
BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770				Subtotal For Basic Filing Fees: \$ 770								
Fee Description	Fee Code	Amount \$	Fee Paid \$																		
Utility Filing Fee	1001	770	770																		
			Subtotal For Basic Filing Fees: \$ 770																		
EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claims</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 6</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 6</td><td>3</td><td>1201</td><td>86</td><td>258</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 258</td></tr></tbody></table>		Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$	Total Claims : 6	0	1202	18	0	Independent Claims : 6	3	1201	86	258				Subtotal For Extra Claims Fees: \$ 258	
Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 6	0	1202	18	0																	
Independent Claims : 6	3	1201	86	258																	
			Subtotal For Extra Claims Fees: \$ 258																		
AUTHORIZED BILLING INFORMATION																					
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																					
Credit account number:	4369																				
Expiration Date (YYYYMMDD):	2005-06-30																				
Authorized name:	Robert Barcala																				
Billing address:	33126																				

Adjustment date: 03/24/2004 BHABTEW
01/23/2004 EFSR00 0000003 10707899
02 FC:1201 -258.00 0PRefund Ref:
03/24/2004 0030015109Credit Card Refund Total: \$258.00
Master C: XXXXXXXXXX4369